

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/22/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095024	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2009
NAME OF PROVIDER OR SUPPLIER SPECIALTY HOSPITAL OF WASHINGTON - HADLEY SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 021	<p>Continued From page 3</p> <p>were held open by devices that would prohibit doors from closing in the event of a fire, in one (1) of eight (8) observations and Day Room in one (1) of one (1) observation.</p> <p>The findings Include:</p> <ol style="list-style-type: none"> 1. The entrance to room 331 was held open by a trash receptacle which would prevent the door closure from releasing in the event of a fire in one (1) of eight (8) observations at 2:40 PM on November 20, 2009. 2. A chair was observed obstructing the passage way at the entrance to the Day Room in one (1) of one (1) observation at 2:50 PM on November 20, 2009. <p>These findings were observed in the presence of Employee #22.</p>	K 021		